

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>097462928</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		3					54				
5		①					55				
6		①					56				
7		①					57				
8		①					58				
9		①					59				
10		①					60				
11		①					61				
12		①					62				
13		①					63				
14		①					64				
15		①					65				
16	1						66				
17		1					67				
18		1					68				
19		3					69				
20		①					70				
21		①					71				
22		①					72				
23		①					73				
24		①					74				
25		①					75				
26		①					76				
27		①					77				
28		①					78				
29		①					79				
30		①					80				
31							81				
32							82				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	30						TOTAL DEP.				
TOTAL CLAIMS	32						TOTAL CLAIMS				

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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